

**ALLIED**  
SELLERS TRANSFER, LLC.  
PO BOX 71103  
CHARLESTON, SC 29415

2007-392-T  
~~2009-0212-T~~  
2009-142-T

2009-272-T

RECEIVED

OCT 12 2009

PSC SC  
DOCKETING DEPT.

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SC PUBLIC SERVICE COMMISSION

09 OCTOBER 2009

TO WHOM IT MAY CONCERN:

ATTACHED PLEASE FIND THE ANNUAL REPORT FOR CALENDAR YEAR 2008. I REALIZE IT IS PAST DUE - I WILL EXPLAIN BELOW SOMETHING OF THE EXTENUATING CIRCUMSTANCES THAT CAUSED THIS REPORT TO MISS THE DEADLINE.

I'M ALSO ASKING THAT THE CERTIFICATE FOR OUR COMPANY BE REINSTATED AT THE COMMISSION'S EARLIEST CONVENIENCE.

DURING THIS YEAR, I'VE DEVELOPED SOME SERIOUS HEALTH ISSUES THAT IMPACTED MY ABILITY TO PERFORM MY DUTIES - WHICH INCLUDE SUBMISSION OF THE ANNUAL REPORT TO THE PUBLIC SERVICE COMMISSION. MY JOB PERFORMANCE AND PERSONAL BEHAVIOR SUFFERED DRAMATIC NEGATIVE CHANGES TO THE POINT MY WIFE INSISTED WE DO SOMETHING. AT THE EMERGENCY ROOM, I WAS TOLD I HAD A BLOOD SUGAR LEVEL OF 737 - WELL INTO THE DANGER ZONE. LATER TESTS SHOWED IT HAD BEEN THAT HIGH FOR AT LEAST 3 MONTHS, EXPLAINING SOMETHING OF MY INABILITY TO COMPLETE TASKS ON TIME.

DURING MY HOSPITALIZATION FOR THE DIABETES DIAGNOSIS, A ROUTINE EKG SHOWED AN ABNORMALITY IN MY CARDIAC RYTHMN. FOLLOW-UP TESTS CONFIRMED THE ABNORMALITY AND ULTIMATELY RESULTED IN MY HAVING TRIPLE-BYPASS OPEN HEART SURGERY ON AUGUST 31<sup>ST</sup>.

WHILE I SHOULD HAVE ATTENDED TO THE REPORT SUBMISSION SOONER, MY HEALTH ISSUES BECAME A SIGNIFICANT HURDLE TO GETTING ANYTHING DONE VERY EARLY IN THE YEAR.

IN LIGHT OF THE ABOVE AND SUPPORTED BY THE ATTACHED ANNUAL REPORT, I AGAIN ASK THAT OUR COMPANY'S CERTIFICATE BE REINSTATED.

THANK YOU FOR YOUR CONSIDERATION.

*Brian McCoy*

BRIAN MCCOY, MEMBER  
SELLERS TRANSFER, LLC



**SOUTH CAROLINA PUBLIC SERVICE COMMISSION**  
and  
**SOUTH CAROLINA OFFICE OF REGULATORY STAFF**  
**GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2008**  
**TRANSPORTATION REPORT**



(Please correct preprinted information as required)



**Sellers Transfer, LLC**

Company Name (as shown on Certificate)

FEIN

List d/b/a and/or f/k/a aliases

**PO Box 71103**

**Charleston**

**SC**

**29415**

Address

City

State

Zip Code

**Brian E. McCoy**

**843 744 5000**

**Pskdhouse@aol.com**

Regulatory Contact

Area Code & Phone Number

E-Mail

**Hazardous Waste for Disposal Carriers**

Revenues Derived Via South Carolina Operations for the Year Ending 12/31/2008 \$

Certificate Number:

**Household Goods Carriers**

Carrier:

**Allied Van Lines - Sellers Transfer, LLC**

Certificate Number:

**424E**

Gross Line Haul Revenue Derived Via South Carolina Operations: \$

Line Haul Revenue is defined in the **Public Service Commission of South Carolina Rules and Regulations Pertaining to Motor Carriers (1999 Revision)**. Transportation or line haul revenues are expressed as a rate per 100 pounds times the mileage or distance moved. However, line haul may be expressed in a variety of ways to include an hourly rate. A carrier must include all revenues collected for moving property which meets the definition of "Household Goods" under 26 SC Code of Regulations 103-210(1). This includes all moves which both originate and terminate within South Carolina excepting those moves which originate and terminate within the same municipality.

Preparer's Signature

Date

**Affidavit**

State of

**SC**

County of

**Dorchester**

Personally appeared before me

**Brian McCoy**

who, being duly sworn,

says that he/she is the

**member**

of

**Sellers Transfer LLC**

(Company) and

that the foregoing statement, for the year ending **December 31, 2008**

, is correctly taken from the books and records of said

Company, and is true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this

**9**

day of

**October**

20

**09**

Notary Public

My commission expires

**Sept 22, 2018**

Place  
Seal  
Here

Return completed form to:

South Carolina Office of Regulatory Staff  
Attention: Robert Sutherland  
1401 Main Street, Suite 900  
Columbia, SC 29201

Failure to timely complete and submit this form could result in the loss of your license, authority or certificate to operate in South Carolina.

**Return Deadline is August 31, 2009**

 **STAPLES** **copy&printcenter**

## Complimentary Self-Serve Fax Cover Sheet

To: SC PSCFax #: 803 896 5199Date: 10/9/09Number of Pages (Including Cover): 3From: Sellers TRANSFER, LLCPhone #: 843 364-6700 BRAW McCoyReply Fax #:       Urgent ☒ Confidential ☐ Confirm Receipt ☐**We'll do it right the first time — guaranteed.**

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